



# CITY OF MEMPHIS LIFE INSURANCE ENROLLMENT/CHANGE FORM (Voluntary Life Insurance)

☐ New Enrollment

☐ Update Beneficiary

☐ Cancel Coverage

	- -							
DEPT	SOCIAL SECURITY #	LAST	FIRST	MIDDLE	MO	DAY	YR	SEX
		EMPLOYEE NAME			DATE OF BIRTH			DATE OF HIRE

## IT IS YOUR RESPONSIBILITY TO KEEP YOUR BENEFICIARY CURRENT

**\*If a minor or estate of the insured is the beneficiary, it may be necessary to have a guardian or a legal representative appointed before any death benefit can be paid. Please take this into consideration when naming your beneficiary.**

NAME, ADDRESS, TELEPHONE NUMBER OF BENEFICIARY(IES)	DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP TO EMPLOYEE (Spouse, parent, etc)
	/ /	- -	
	/ /	- -	
	/ /	- -	
	/ /	- -	
	/ /	- -	
	/ /	- -	

**Contingent Beneficiary:** Contingent Beneficiary(ies) will be used only if primary beneficiary is deceased.

NAME, ADDRESS, TELEPHONE NUMBER OF BENEFICIARY(IES)	DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP TO EMPLOYEE (Spouse, parent, etc)
	/ /	- -	
	/ /	- -	
	/ /	- -	
	/ /	- -	
	/ /	- -	
	/ /	- -	

I understand that the above named beneficiaries are for City of Memphis Life Policies, for which I am currently enrolled and I authorize payroll deductions if contributory (optional) life was selected.

SIGNATURE

DATE

NOTARIZED SIGNATURE OR BENEFITS REPRESENTATIVE

DATE